

[Return to the AHDC Weekly Update page](#)

AHDC Email Network – Data, News, Articles and Policies Related to Health Disparities

April 28 – May 04, 2011

- 1) Inequality Rising in Rural and Urban America
 - 2) USDA Announces Efforts to Increase Nutrition Assistance to Low-Income Families
 - 3) *2011 Report to the Secretary: Rural Health and Human Services Issues*
 - 4) Research Uses Life-Course Perspective to Understand Determinants of Infant Mortality Among Chinese Americans
 - 5) Physician Willingness and Resources to Serve More Medicaid Patients: Perspectives from Primary Care Physicians
 - 6) Harnessing the Power of Supermarkets to Help Reverse Childhood Obesity
 - 7) “Let’s Move! Cities and Towns” Toolkit
 - 8) Hispanics, Asians to Be Majority of U.S. Children Sooner
 - 9) Calorie Labeling Doesn’t Change Fast-Food Orders in Low-Income Neighborhoods
 - 10) Life Course Approach to Obesity: Focus on Latino Youth
 - 11) Study Challenges Data for Multiracial Patients
 - 12) The Perils of Assimilation
 - 13) *Pigments of Our Imagination: The Racialization of the Hispanic-Latino Category*
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1) Inequality Rising in Rural and Urban America

The article discusses how income inequality is increasing between counties in both rural and urban America, and there is growing evidence that inequality has a number of ill effects on society.

<http://www.dailyyonder.com/inequality-rising-rural-and-urban-america/2011/04/20/3287>

2) USDA Announces Efforts to Increase Nutrition Assistance to Low-Income Families

The U.S. Department of Agriculture (USDA) Secretary Tom Vilsack announced that USDA will award grants to improve access to and increase participation in the Supplemental Nutrition Assistance Program (SNAP).

http://www.raconline.org/news/news_details.php?news_id=15602

3) 2011 Report to the Secretary: Rural Health and Human Services Issues

Produced by the National Advisory Committee on Rural Health and Human Services, the report includes chapters focused on rural childhood obesity, place-based initiatives for rural early childhood development, and rural implications of accountable care organizations and payment bundling. It also includes recommendations to address these issues.

<http://www.hrsa.gov/advisorycommittees/rural/2011secreport.pdf>

4) Research Uses Life-Course Perspective to Understand Determinants of Infant Mortality Among Chinese Americans

Our study "found substantial differentials and inequalities in infant mortality across 6 life-course trajectories of Chinese American mothers," state the authors of an article published in the May 2011 issue of the *American Journal of Public Health*. Despite increasing recognition of nativity-dependent maternal race and ethnicity on infant mortality and nativity-dependent maternal educational effects on low birthweight among non-Hispanic whites, African Americans, Mexican Americans, and Central and South Americans, similar considerations have been missing from subgroups of Asian Americans and Pacific Islanders. The unusually low infant mortality rates of Chinese Americans since 1955 compared with other racial and ethnic groups have been puzzling. Possible explanations include reporting errors, extremely low adolescent pregnancy rates, more maternal higher education, and favorable perinatal health practices, but the life-course perspective has not been fully considered. Changing demographics suggest that the findings in earlier cohorts could be unreliable today. The study described in the article aimed to discover whether, among Chinese Americans, (1) infant mortality varies by maternal nativity status, (2) the association of maternal education with infant mortality varies by maternal nativity, and (3) cause-specific infant mortality varies by maternal nativity. Data for the population-based cohort were drawn from the National Center for Health Statistics 1995-2000 linked birth and infant death cohort files compiled from birth certificates for all 50 states and the District of Columbia. The study sample included all singleton births to U.S.-resident mothers with a self-reported race classification of Chinese and a self-reported nativity status. The researchers categorized mothers by nativity group and by educational strata to form six all-inclusive and mutually exclusive life-course trajectories. The authors found that the adjusted hazard ratios of three mortality risks (infant, neonatal, and postneonatal) of Chinese-American infants did not differ by maternal nativity when the nativity-by-education interaction was ignored; the associations between nativity and infant and neonatal mortality varied by maternal educational strata; the educational gradient in infant mortality was much more pronounced among U.S.-born Chinese Americans than among their foreign-born counterparts; and U.S.-born Chinese Americans with 12 years of education or less had the highest risk of infant mortality and postneonatal mortality. "Our findings indicate that maternal nativity and education synergistically affect infant mortality among Chinese Americans, suggesting the importance of searching for potential mechanisms over the maternal life course and targeting high-risk groups and potential downward mobility to advance research and practice aimed at reducing infant mortality," the authors conclude.

<http://ajph.aphapublications.org/cgi/content/short/AJPH.2009.186916v1>

5) Physician Willingness and Resources to Serve More Medicaid Patients: Perspectives from Primary Care Physicians

The briefing analyzes data from a nationally representative survey of physicians to assess which adult-care primary care physicians are most likely to respond to health reform's changes by serving additional Medicaid beneficiaries, and profiles key aspects of their practices, patient care resources and constraints on their capacity.

<http://www.kff.org/medicaid/upload/8178.pdf>

6) Harnessing the Power of Supermarkets to Help Reverse Childhood Obesity

A new report from the Robert Wood Johnson Foundation and the Food Trust examines grocery store marketing strategies and makes recommendations that may help such stores enable parents, caregivers and youths to select and purchase healthier foods and beverages.

<http://www.rwjf.org/files/research/20110411foodtrustsupermarket.pdf>

7) "Let's Move! Cities and Towns" Toolkit

Let's Move! Cities and Towns: Toolkit for Local Officials was produced by First Lady Michelle Obama's Let's Move! Initiative to engage local leaders in efforts to fight childhood obesity.

http://www.hhs.gov/intergovernmental/letsmove/lets_move_cities_and_towns_toolkit_for_local_officials.pdf

8) Hispanics, Asians to Be Majority of U.S. Children Sooner

A new Census analysis shows that the majority of the nation's children will be minorities before the decade is out, the *Washington Post* reports. Demographer William H. Frey said that landmark will be reached years earlier than a prior projection of 2023, as unexpectedly rapid growth among Hispanics and Asians is creating a demographic age gap. Latinos already are the largest minority among schoolchildren nationwide. One in five students overall is Latino.

http://www.washingtonpost.com/local/minorities-soon-to-be-majority-among-children/2011/04/05/AFnKDVmC_story.html

9) Calorie Labeling Doesn't Change Fast-Food Orders in Low-Income Neighborhoods

Calorie labeling in fast-food restaurants has no effect on the food purchases of parents or teens in low-income, minority neighborhoods, according to a new study in the *International Journal of Obesity*. The study, led by researchers at the New York University School of Medicine, shows that although calorie labels do increase awareness of calories, they do not necessarily influence food choices or the number of calories consumed, *USA Today* reports.

<http://yourlife.usatoday.com/fitness-food/diet-nutrition/story/2011/03/Calorie-labeling-doesnt-change-fast-food-orders/44563306/1>

10) Life Course Approach to Obesity: Focus on Latino Youth

Dr. Elsie M. Taveras, a member of the Salud America! National Advisory Committee, addressed Latino childhood obesity in a recent edition of the journal *Childhood Obesity*. She mentioned her research group at Harvard Medical School and their "life course approach to obesity," which has identified important factors for obesity starting in pregnancy and then during infancy, early childhood and adolescence. For example, she said Latino children are less likely than whites to be breast-fed and more likely to be introduced to solid food early, drink sugar-sweetened beverages and have a TV in their bedroom. She said she would like to see future research focus "more on promoting sustainable changes at the community-level, in addition to the individual-level behavior change interventions we now know are effective."

For more information, please see attachment #1 at

<http://www.azminorityhealth.gov/AHDCweeklyUpdate.htm> under "Data, News, Articles and Policies Related to Health Disparities, April 28 – May 04, 2011."

11) Study Challenges Data for Multiracial Patients

A recent article from *Politico Pro* discussed the findings of a study from the journal *Demography*, which found that one of the national surveys used to measure disparities does not adequately account for multiracial individuals. The new health law included new requirements for the reporting of health disparities, but according to Jenifer Bratter and Bridget Gorman of Rice University, the Behavioral Risk Factor Surveillance System, one of the major national health surveys does not appropriately account for people of two or more races because it asks these individuals to choose which race "best describes" their background. According to Drs. Bratter and Gorman, "placing multiracial groups into a single 'best race' category likely obscures the pattern of health disparities for selected group because some multiracial adults...tend to identify with single-race groups whose health experiences they do not share." The article noted that mixed-race American Indians and mixed-race Asians have health outcomes that are very similar to single-race American Indians and Asians respectively, yet individuals who identify as white and black tend to have health outcomes that more closely align with single-race whites. When the researchers analyzed data comparing the "best race" selections, they found that almost two-thirds more multiracial whites report fair or poor health than single-race whites. While it was a relatively small portion of the population who self-identified as more than one race in the 2010 Census, Dr. Bratter said

that “the concern is that if the government is not accounting for the increased complexity in ancestry given the population that is multiracial, we could confuse some trends.”

<http://springerlink.com/content/b068242276v267v6/fulltext.pdf>

12) The Perils of Assimilation

Hispanics comprise the largest minority group in the U.S. However, they continue to experience worse health outcomes than non-Hispanic whites, and according to the *National Journal*, assimilation is partially to blame for some of the observed disparities. Hispanics experience higher rates of obesity, diabetes and asthma than the national average. Health experts note that the “Immigrant Effect,” the idea that as a population integrates into U.S. society, it encounters more health problems, is a major contributing factor to the low health outcomes of Hispanics. Hispanics are replacing traditional diets with high-fat and high-calorie diets, while simultaneously adopting sedentary life styles. The affects of assimilation have also influenced the health of Latino children. “We know we have a generation of Latino youth that’s at risk,” said Jennifer Ng’andu, deputy director of health policy at the National Council of La Raza, in response to the fact that half of Latino children born in 2000 are on track to develop diabetes without some sort of lifestyle change. Poor access to health care and low utilization rates also contribute to health disparities, as Hispanics are more likely to be uninsured. Because Hispanics tend to work low-paying jobs that do not offer private health coverage, 32% are uninsured and approximately 13 million Hispanics rely on public government programs like Medicaid and the Children’s Health Insurance Program (CHIP). Undocumented immigrants are not eligible for public coverage, and those who are here legally must wait five years before being eligible for benefits. Hispanics continue to be the fastest growing group in the country and caring for this population will be a challenge for many providers. According to Marshall Chin, a professor of medicine at the University of Chicago and director of the Robert Wood Johnson Foundation’s research on health care disparities, “There’s going to be a strain upon the safety net, which is already pushed to its max because of underfunding.”

13) *Pigments of Our Imagination: The Racialization of the Hispanic-Latino Category*

The terms "Hispanic" and "Latino" were originally created for administrative purposes by the US government, but have since come to define a population of 50.5 million people who trace their origins to 20 different countries. Rubén Rumbaut, a professor of sociology at the University of California, Irvine, examines the origin and administrative use of the Hispanic-Latino category, and the effect it has had on the identities of people placed into it.

<http://www.migrationinformation.org/Feature/display.cfm?id=837>